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**IMPLEMENTATION OF CHANGES FOR CO-PAYMENTS FOR OUTPATIENT
MEDICAL CARE PROVIDED TO VETERANS BY THE DEPARTMENT OF
VETERANS AFFAIRS**

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides the Department of Veterans Affairs (VA) policy for implementing changes for charging outpatient co-payments.

***NOTE:** The outpatient co-payment tier designations provided in this Directive became effective October 1, 2004 (see Attachment B). Several changes have been made to the outpatient co-payment tier designations that were previously implemented with VHA Directives 2001-072, 2002-027, 2002-055 and 2003-057; all of which are rescinded.*

2. BACKGROUND

a. Public Law 106-117, The Veterans Millennium Health Care and Benefits Act, gave the Secretary of Veterans Affairs the authority to establish outpatient co-payment amounts.

b. The following explanations are provided to describe the outpatient co-payment tiers.

(1) **No Co-payments.** Services for which there is no co-payment assessed are: publicly announced VA public health initiatives (e.g., health fairs) or an outpatient visit consisting solely of preventive screening and/or immunizations (e.g., influenza immunization, pneumococcal immunization, hypertension screening, hepatitis C screening, tobacco screening, alcohol screening, hyperlipidemia screening, breast cancer screening, cervical cancer screening, screening for colorectal cancer by fecal occult blood testing, and education about the risks and benefits of prostate cancer screening). ***NOTE:** These initiatives are viewed as cost-effective for health care in that they often provide early detection of irregularities or abnormalities that can be resolved without major intervention.* Also exempt from co-payments are laboratories, flat film radiology services, and electrocardiograms. ***NOTE:** These services are considered to be a part of the initial provision of care and a separate co-payment will not be charged.*

(2) **Basic \$15 Co-payment.** A basic outpatient visit is an episode of care furnished in a clinic that provides primary care, or in a clinic that is tightly associated with the larger interdisciplinary primary care team. A referral is not needed for most basic outpatient visits. However, some ancillary health care services are usually delivered through consultation or referral but are still considered as a basic outpatient visit. Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. Primary care includes, but is not limited to diagnosis and management of acute and chronic biopsychosocial conditions, health promotion, disease prevention, overall care management, and patient and caregiver education. Each patient's identified primary care clinician delivers services in the context of a larger interdisciplinary primary care team. A patient has access to the primary care clinician and the primary care team without need of a referral.

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(3) **Specialty \$50 Co-payment.** A specialty outpatient visit is an episode of care furnished in a clinic that does not provide primary care and that is not part of or tightly associated with the larger interdisciplinary primary care team. In general, services delivered in a specialty outpatient visit are provided by highly specialized, narrowly focused health care professionals. Specialty outpatient visits are only provided through a referral or consultation. Examples include surgical consultative services, radiology services requiring the immediate presence of a physician, audiology, optometry, cardiology, magnetic resonance imagery (MRI), computerized axial tomography (CAT) scan, nuclear medicine studies, and ambulatory surgery.

3. POLICY: It is VHA policy that outpatient co-payments are assessed based upon the level of service provided; three tiers of outpatient co-payments are implemented. ***NOTE:** Corrected billings are not required for co-payment designations that have been changed. A Veterans Health Information Systems and Technology Architecture (VistA) patch will be released to accommodate the changes.*

4. ACTION: The facility Director is responsible for ensuring that:

a. Attachment B is implemented. ***NOTE:** On July 1, 2002, outpatient care provided through the Fee Basis system was subject to outpatient co-payments.*

b. Billing staff must review documentation or claims submitted by the fee-basis provider to determine the services provided. Billing staff then must refer to Attachment B of this Directive to determine the co-payment assignment.

c. Outpatient care billing is effected. For Outpatient Care, a three-tier co-payment system is effective for all services provided on an outpatient basis, as of October 1, 2004. The co-payments are based on basic care visits, specialty care visits and visits with no co-payment designations as determined by the Decision Support System (DSS) Identifiers (DSS ID) (also known as stop codes). The use of these stop code designations and the related co-payments are consistent for all facilities. Medical centers do not have the authority to charge a different co-payment for services. Local use only DSS IDs will automatically default to the basic care co-payment tier unless otherwise determined by VA Central Office that the clinic needs to be defined as requiring no co-payment or specialty care. The co-payment designations are updated on an annual basis to coincide with any changes made to the DSS IDs. Refer to Attachment A for the Fiscal Year (FY) 2005 DSS IDs and co-payment designations.

d. If a veteran has one or more basic care encounters on the same day and no specialty care encounter on that day, the basic co-payment for one visit is charged for that day. If a veteran has one or more basic care encounters and one or more specialty care encounters on the same day, the specialty co-payment for one visit is charged for that day.

e. If a veteran is required to make a co-payment for extended care services that were provided either directly by VA or obtained for VA by contract on the same day as having an outpatient visit, the outpatient co-payment will not be charged. The extended care co-payment will be charged for those extended care services.

f. The following veterans are not subject to the co-payment requirements for outpatient medical care:

- (1) Veterans with a compensable service connected disability.
- (2) Veterans who are former prisoners of war.
- (3) Veterans awarded a Purple Heart.
- (4) Veterans who were discharged or released from active military service for a disability incurred or aggravated in the line of duty.
- (5) Veterans who receive disability compensation under Title 38 United States Code (U.S.C.) 1151.
- (6) Veterans whose entitlement to disability compensation is suspended pursuant to 38 U.S.C. 1151, but only to the extent that the veteran's continuing eligibility for care is provided for in the judgment or settlement described in 38 U.S.C. 1151.
- (7) Veterans whose entitlement to disability compensation is suspended because of the receipt of military retirement pay.
- (8) Veterans of the Mexican border period or of World War I.
- (9) Military retirees provided care under an interagency agreement as defined in Public Law 106-117, Section 113.
- (10) Veterans who VA determines to be unable to defray the expenses of necessary care under 38 U.S.C. 1722(a).

g. The following services are not subject to the co-payment requirements for outpatient medical care:

- (1) Special registry examinations (including any follow-up examinations or testing ordered as part of the special registry examination) offered by VA to evaluate possible health risks associated with military service;
- (2) Counseling and care for sexual trauma as authorized under 38 U.S.C. 1720D;
- (3) Compensation and pension examinations requested by the Veterans Benefits Administration;
- (4) Care provided as part of a VA-approved research project authorized by 38 U.S.C. 7303;
- (5) Outpatient dental care provided under 38 U.S.C. 1712;

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(6) Readjustment counseling and related mental health services authorized under 38 U.S.C 1712A;

(7) Emergency treatment paid for under 38 U.S.C. 1725 or 1728;

(8) Extended care services authorized under 38 U.S.C. 1710B;

(9) Care or services authorized under 38 U.S.C. 1720E for certain veterans regarding cancer of the head or neck;

(10) Care, as authorized under 38 U.S.C. 1710(e);

(11) Care provided to a veteran for a non-compensable zero percent service connected disability.

(12) Publicly-announced VA public health initiatives (e.g., health fairs) or an outpatient visit consisting solely of preventive screening and immunizations (e.g., influenza immunizations, pneumococcal immunizations, hypertension screening, hepatitis C screening, tobacco screening, alcohol screening, hyperlipidemia screening, breast cancer screening, cervical cancer screening, screening for colorectal cancer by fecal occult blood testing, and education about the risks and benefits of prostate cancer screening); and

(13) Laboratory services, flat film radiology services, and electrocardiograms.

h. Outpatient co-payment collections are deposited into the Medical Care Collections Fund (36_5287.3).

5. REFERENCES

a. Public Law 106-117.

b. Title 38 U.S.C. 1710(a), (f), and (g), 1710B.

c. Title 38 Code of Federal Regulations 17.108.

6. FOLLOW-UP RESPONSIBILITY: The Chief Business Officer (163) is responsible for the contents of this Directive. Questions may be addressed to 202-254-0347.

7. RESCISSIONS: VHA Directive 2001-072, VHA Directive 2002-027, VHA Directive 2002-055, and VHA Directive 2003-057 are rescinded. This VHA Directive expires November 30, 2009.

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DISTRIBUTION: CO: E-mailed 11/04/04
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 11/04/04

ATTACHMENT A

DECISION SUPPORT SYSTEM (DSS) IDENTIFIERS (ALSO KNOWN AS STOP CODES), DEFINITIONS, AND CO-PAYMENT TIER TABLE

1. The Fiscal Year (FY) 2005 Decision Support System (DSS) Identifiers (DSS IDs) (i.e., a three-digit code if primary ID only, and a six-digit code if primary and secondary IDs) and co-payment tiers provided in Attachment B must be used for all outpatient co-payment activity. Outpatient co-payments are based on basic visits, specialty visits and no co-payment designations as determined by DSS IDs. The use of these DSS ID designations and the related co-payments must be consistent for all facilities. Medical centers do not have the authority to charge a different co-payment for services. **NOTE:** *Local use DSS IDs automatically default to the basic care co-payment tier. Co-payment designations may be updated on an annual basis to coincide with any program changes made to the DSS IDs.*

2. Clinics for which no co-payments are charged are designated as "NON." Basic co-payment clinic designations are indicated with "B," and specialty co-payment clinic designations are indicated with "S."

3. The DSS ID 117 Nursing should always be used in the secondary position. DSS IDs 185 Physician Extender (Nurse Practitioner), 186 Physician Extender (Physician Assistant) and 187 Physician Extender (Clinical Nurse Specialist) always need to be used in the secondary position. The DSS ID 449, Fittings and Adjustments, is a secondary stop code for the purpose of fitting and/or making adjustments to prosthetic devices in clinics other than Prosthetics or Orthotics (DSS ID 417). An example would be adjustments to eyeglasses, hearing aids, or voice prostheses where such adjustments are the primary purpose of the visit. DSS ID 714, Other Education, is used as a secondary stop code only. DSS ID 715, Ongoing Treatment (non-mental health), is used as a secondary stop code to record ongoing treatment. An example of this use would be for ongoing speech therapy treatment (204715). DSS ID 716, Post Surgical Routine Aftercare, is used as a secondary stop code to record routine care after surgery such as a suture removal. **NOTE:** *Refer to the DSS ID Directive or the DSS website for the definitions associated with all DSS clinic stop codes.*

4. Definitions

a. **"DSS Identifier" or "DSS ID."** A three-digit or six-digit code used to report the Production Unit responsible for specific types of outpatient healthcare:

(1) The first three digits of a DSS ID report the workgroup, the production unit, or the clinic department ("Clinic Stop") responsible for the care delivered.

(2) The second three digits, if needed, are used to report added specificity about either the type of services or the type of service provider.

(3) The DSS ID is composed of the Primary Stop Code and, if present, the Credit Pair or Secondary Stop Code, respectively, and is represented on the Veterans Health Information

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Systems and Technology Architecture (VistA) Medical Administration Service (MAS) CBO Outpatient packages field as Stop Code Number and Credit Stop Code, respectively.

b. **“Primary Stop Code.”** The first three characters of the DSS ID (also known as Stop Code Number). This entity is known in the VistA MAS package, in File #44, as the field “Stop Code Number.”

c. **“Credit Pair” or “Secondary Stop Code.”** The final three characters of a six-character DSS Identifier. This entity is identified in the VistA MAS package, in File #44, as the field “Credit Stop Code.”

d. **VistA Clinic Set-Up.** To set up a clinic in the VistA MAS Package for an Outpatient Clinic, the field Stop Code Number is required. The field Credit Stop Code can also be entered, as appropriate, to further characterize the responsible clinic.

e. **DSS ID Directive.** The VHA DSS ID Directive annually updates the codes that identify Outpatient Production Units which are known as DSS IDs. This is done to provide standard reference workload accounting for all Veterans Health Administration.

5. **FY 2005 Changes.** The following changes are effective for FY 2005.

- | | | |
|-----------------------------|--|------------------|
| a. DSS Stop Code 222 | Physical Medicine and Rehabilitative Service (PM&RS) Compensated Work Therapy/Supported Employment (PM&RS CWT/SE) Face-to-Face | Non Co-payment |
| b. DSS Stop Code 223 | PM&RS Compensated Work Therapy/Supported Employment (PM&RS CWT/SE) Non Face-to-Face CBO (MAS) Non-count | Non Co-payment |
| c. DSS Stop Code 228 | PM&R Compensated Work Therapy/Transitional Work Experience (PM&RS CWT/TWE) Non Face-to-Face CBO (MAS) Non-count | Non Co-payment |
| d. DSS Stop Code 336 | Medical Pre-Procedure Evaluation | Non Co-payment |
| e. DSS Stop Code 372 | Managing Obesity for Veterans Everywhere (MOVE) Program “Individual” | Basic Co-payment |
| f. DSS Stop Code 373 | Managing Obesity for Veterans Everywhere (MOVE) Program “Group” | Basic Co-payment |

- | | | |
|-------------------------------|---|----------------|
| g. DSS Stop Code 568 – | Mental Health Compensated Work
Therapy/Supported Employment
(CWT/SE) Face-to-Face | Non Co-payment |
| h. DSS Stop Code 569 – | Mental Health Compensated Work
Therapy/Supported Employment
(CWT/SE) Non Face-to-Face
CBO (MAS) Non-count | Non Co-payment |
| i. DSS Stop Code 570 – | Mental Health Compensated Work
Therapy/Transitional Work Experience
(CWT/TWE) Non Face to Face
CBO (MAS) Non-count | Non Co-payment |
| j. DSS Stop Code 643 - | Send-Out Procedures - Radiology | Non Co-payment |
| k. DSS Stop Code 658 – | State Home Adult Day Health Care | Non Co-payment |

6. The Stop Codes (DSS Identifiers) that are entered into the clinic set-up directly impact the Outpatient Co-payment bills generated from the Integrated Billing software. New options have been created with the installation of patch SD*5.3*317 that help identify clinics that have been set-up with Stop Codes which may be causing unexpected results for outpatient co-payment bills; i.e., Non-conforming Clinics Stop Codes. These new options can be found on the Scheduling "Supervisor's Menu" or on the DSS Extract Manager's Menu. The Revenue and/or Business Office at each site needs to be made aware of these reports in order to identify, correct, and prevent incorrect co-payments being sent to patients.

a. The specific names of the options are:

(1) **DSS Extract Manager's Option.** This option is called: DSS Identifier Non-Conforming Clinics Report [ECX CLN STOP REP]; or

(2) **Scheduling Package Supervisor's Menu.** This option is called: Non-Conforming Clinics Stop Code Report [SD CLN STOP CODE REP].

b. Once a discrepancy is found, the co-payment bills can be manually corrected, and the site needs to use the Set up a Clinic [SDBUILD] menu option to make corrections in order to prevent future errors. Here is a sample report from the Scheduling Supervisor's menu option:

NON-CONFORMING CLINICS STOP CODE REPORT
(All Clinics)

Hospital Location File (#44). Use Set up a Clinic [SDBUILD] menu option to make corrections.

CLINIC NAME	PRIMARY STOP CODE	SECONDARY CREDIT STOP CODE	REASON FOR NON- CONFORMANCE
117 Nursing	117	117	Cannot be primary
257 Mental Hygiene			Missing primary code
271 Surgical Clinic	429	429	429 cannot be secondary

3 PROBLEM CLINICS FOUND

ATTACHMENT B

**DECISION SUPPORT SYSTEM (DSS) STOP CODES AND CO-PAYMENT
TIER TABLE**

This table provides the co-payment tier designations that are effective October 1, 2004.

DSS ID NUMBER	DSS ID PAIR	DSS ID NAME	Co-pay Tier B=Basic S=Specialty Non=No Co-pay
102		ADMITTING and/or SCREENING	B
	102101	EMERGENCY UNIT	S
103		TELEPHONE TRIAGE	NON
	103801	IN Veterans Integrated Service Network (VISN) PHONE TRIAGE – NOT Department of Veterans Affairs (VA) MEDICAL CENTER	NON
	103802	OUT OF VISN, VA PHONE TRIAGE	NON
	103803	COMMERCIAL PHONE TRIAGE	NON
104		PULMONARY FUNCTION	S
105		X-Ray	NON
106		Electroencephalogram (EEG)	S
107		Electrocardiogram (EKG)	NON
108		LABORATORY	NON
109		NUCLEAR MEDICINE	S
115		ULTRASOUND	S
116		RESPIRATORY THERAPY	S
	116329	RESPIRATORY THERAPY PROCEDURES	S
	116714	RESPIRATORY THERAPY RX EDUCATION	B
	117	NURSING	B
118		HOME TREATMENT SERVICES	B
119		COMMUNITY NURSING HOME FOLLOW- UP	B
120		HEALTH SCREENING	NON
121		RESIDENTIAL CARE [NON-MENTAL HEALTH (MH)]	B
122		PUBLIC HEALTH NURSING	NON
123		NUTRITION/DIETETICS/INDIVIDUAL	B
124		NUTRITION/DIETETICS/GROUP	B
125		SOCIAL WORK SERVICE	B
126		EVOKED POTENTIAL	S
127		TOPOGRAPHICAL BRAIN MAPPING	S
128		PROLONGED VIDEO-EEG MONITORING	S

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144		RADIONUCLIDE THERAPY	S
145		PHARMACOLOGY/PHYSIOLOGIC NUCLEAR MYOCARDIAL PERFUSION STUDIES	S
146		Positron Emission Tomography (PET)	S
147		TELEPHONE/ANCILLARY	NON
148		TELEPHONE/DIAGNOSTIC	NON
149		RADIATION THERAPY TREATMENT	S
150		COMPUTERIZED TOMOGRAPHY (CT)	S
151		MAGNETIC RESONANCE IMAGING (MRI)	S
152		ANGIOGRAM CATHETERIZATION	S
153		INTERVENTIONAL RADIOGRAPHY	S
154		Magnetoencephalography (MEG)	S
155		INFO ASSISTS TECHNOLOGY	S
	160	CLINICAL PHARMACY	B
161		TRANSITIONAL PHARMACY (Benefit)	NON
165		BEREAVEMENT COUNSELING	NON
166		CHAPLAIN SERVICE – INDIVIDUAL	NON
167		CHAPLAIN SERVICE - GROUP	NON
168		CHAPLAIN SERVICE - COLLATERAL	NON
169		TELEPHONE/CHAPLAIN	NON
170		HOME BASED PRIMARY CARE (HBPC) - PHYSICIAN	B
171		HBPC – REGISTERED NURSE (RN) LICENSED PRACTICAL NURSE (LPN)	B
172		HBPC – PHYSICIAN EXTENDER (NP, CNS, PA)	B
173		HBPC - SOCIAL WORKER	B
174		HBPC – THERAPIST	B
175		HBPC – DIETITIAN	B
176		HBPC - CLINICAL PHARMACIST	B
177		HBPC – OTHER	B
	177201	HBPC- Physical Medicine & Rehabilitation Service (PM&RS)	B
	177210	HBPC- Spinal Cord Injury (SCI)	B
178		HBPC/TELEPHONE	NON
	179	REAL-TIME VIDEO CARE (<i>Secondary Only</i>)	NON
180		DENTAL	NON
181		TELEPHONE/DENTAL	NON
	185	PHYSICIAN EXTENDER (NP)	Refer to primary stop code
	186	PHYSICIAN EXTENDER (PA)	Refer to primary stop code

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	187	PHYSICIAN EXTENDER (CNS)	Refer to primary stop code
	188	PHYSICIAN RESIDENT	Refer to primary stop code
190		ADULT DAY HEALTH CARE	NON
201		PM & RS	S
202		RECREATION THERAPY SERVICE	NON
203		AUDIOLOGY	S
204		SPEECH PATHOLOGY	S
205		PHYSICAL THERAPY	B
206		OCCUPATIONAL THERAPY	B
207		PM&RS INCENTIVE THERAPY FACE-TO-FACE	NON
208		PM&RS COMPENSATED WORK THERAPY/TRANSITIONAL WORK EXPERIENCE (PM&RSCWT/TWE) FACE-TO-FACE	NON
	208466	Domiciliary (DOM) CWT	NON
209		VIST COORDINATOR	NON
	209125	VIST COORDINATOR BY SOCIAL WORKER	NON
210		SPINAL CORD INJURY	B
	210414	SCI-CYSTOURO	B
	210468	SCI-RN PROCEDURE	B
211		AMPUTATION FOLLOW-UP CLINIC	S
212		EMG – Electromyogram	S
213		PM&RS VOCATIONAL ASSISTANCE	NON
	213466	Veterans (VETS) Education (ED)/Training (TRNG) DOM	NON
214		KINESIOTHERAPY	B
215		SCI HOME CARE PROGRAM	B
216		TELEPHONE Rehabilitation (REHAB) AND SUPPORT	NON
	216203	TELEPHONE AUDIOLOGY REHAB SUPPORT SVC	NON
	216204	TELEPHONE SPEECH REHAB SUPPORT SERVICE	NON
	216210	SPINAL CORD INJURY TELEPHONE SUPPORT	NON
217		BLIND REHAB OUTPATIENT SPECIALIST (BROS)	B
218		Computer Assisted Training (CAT) BLIND REHAB	B
219		TBI (Traumatic Brain Injury)	S

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220		VISOR (Visual Impairment Outpatient Program)	NON
	220118	VISOR IN HOME CARE	NON
221		TELEPHONE/VISUAL IMPAIRMENT SERVICE TEAM (VIST)	NON
222		PM&RS COMPENSATED WORK THERAPY/SUPPORTED EMPLOYMENT (PM&RS CWT/SE) FACE-TO-FACE	NON
223		PM&RS COMPENSATED WORK THERAPY/SUPPORTED EMPLOYMENT (PM&RS CWT/SE) NON FACE-TO-FACE CBO(MAS) NON COUNT	NON
228		PM&RS COMPENSATED WORK THERAPYTRANSITIONAL WORK EXPERIENCE (PM&RS CWT/TWE) NON FACE-TO-FACE CBO(MAS) NONCOUNT	NON
290		OBSERVATION MEDICINE	S
291		OBSERVATION SURGERY	S
292		OBSERVATION PSYCHIATRY	S
293		OBSERVATION NEUROLOGY	S
294		OBSERVATION BLIND REHAB	S
295		OBSERVATION SPINAL CORD	S
296		OBSERVATION REHABILITATION	S
301		GENERAL INTERNAL MEDICINE	B
302		ALLERGY IMMUNOLOGY	S
303		CARDIOLOGY	S
	303115	ECHOCARDIOGRAM	S
	303201	CARD REHAB	B
304		DERMATOLOGY	S
	304416	DERM PHOTO THERAPY	S
	304329	DERM BIOPSIES	S
305		ENDO METAB (EXCEPT DIABETES)	S
306		DIABETES	S
	306714	DIABETIC EDUCATION	B
307		GASTROENTEROLOGY	S
	307117	ENTEROSTOMAL CLINIC	B
	307329	LIVER BIOPSIES	S
	307454	LIVER	S
308		HEMATOLOGY	S
309		HYPERTENSION	B
310		INFECTIOUS DISEASE	S
	310323	CHRONIC INFX DSE PRIMARY CARE	B
311		PACEMAKER	S
312		PULMONARY/CHEST	S

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	312104	SLEEP STUDIES	S
313		RENAL/NEPHROL(EXCEPT DIALYSIS)	S
	313457	TRANSPLANT	S
314		RHEUMATOLOGY/ARTHRITIS	S
315		NEUROLOGY	S
	315456	EPILEPSY	S
	315469	MOVEMENT DISORDER	S
	315470	SLEEP DISORDER	S
316		ONCOLOGY/TUMOR	S
	316149	Radiology (RAD) RX (WITH ONCOLOGY MEDICINE SERVICE)	S
	316329	ONCOLOGY/TUMOR PROCEDURES	S
317		ANTI-COAGULATION CLINIC	B
318		GERIATRIC CLINIC	B
319		GERIATRIC EVALUATION AND MANAGEMENT (GEM)	B
320		ALZHEIMER'S AND DEMENTIA CLINIC	S
321		Gastrointestinal (GI) ENDOSCOPY	S
322		WOMEN'S CLINIC	B
	322704	PAP SMEAR ONLY WOMEN'S CLINIC	NON
323		PRIMARY CARE/MEDICINE	B
	323160	PHARMACY CONSULTS	B
	323691	PRE-EMPLOYMENT PHYSICAL MILITARY PERSONNEL	NON
	323710	FLU SHOT	NON
324		TELEPHONE/MEDICINE	NON
325		TELEPHONE/NEUROLOGY	NON
326		TELEPHONE/GERIATRICS	NON
327		MED Physician (MD) PERFORM INVASIVE Operating Room (OR) Procedure (PROC)	S
328		MEDICAL SURGICAL DAY UNIT (MSDU)	B
329		MEDICAL PROCEDURE UNIT	S
330		CHEMOTHERAPY PROCEDURES UNIT MEDICINE	S
331		PRE-BED CARE Physician (MD) (MEDICAL SERVICE)	S
332		PRE-BED CARE RN (MEDICAL SERVICE)	B
333		CARDIAC CATHETERIZATION	S
334		CARDIAC STRESS TEST/Exercise Tolerance Test (ETT)	S
335		PADRECC (Parkinson's Disease RECC)	S
336		MEDICAL PRE-PROCEDURE EVALUATION	NON
348		PRIMARY CARE GROUP	B
350		GERIATRIC PRIMARY CARE	B
351		ADVANCED ILLNESS COORDINATED	B

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		CARE (AICC)	
	370	LONG TERM CARE SCREENING / ASSESSMENT	NON
371		CCS EVALUATION	NON
372		MOVE PROGRAM INDIVIDUAL	B
373		MOVE PROGRAM GROUP	B
394		MED SPECIALTY GROUP	S
401		GENERAL SURGERY	S
402		CARDIAC SURGERY	S
	402457	HEART TRANSPLANT CLINIC	S
403		EAR, NOSE, AND THROAT (ENT)	S
404		GYNECOLOGY	S
405		HAND SURGERY	S
406		NEUROSURGERY	S
407		OPHTHALMOLOGY	S
408		OPTOMETRY	S
409		ORTHOPEDICS	S
410		PLASTIC SURGERY	S
	410210	SCI PLASTIC	S
411		PODIATRY	B
412		PROCTOLOGY	S
413		THORACIC SURGERY	S
414		UROLOGY	S
	414451	IMPOTENCY	S
	414473	URODYNAMICS	S
415		VASCULAR SURGERY	S
	415461	Aneurysm Detection and Management (ADAM) CLINIC	S
416		AMBULATORY SURGERY EVALUATION BY NON-MD	NON
417		PROSTHETIC, ORTHOTICS: EVALUATION, FITTING, and/or MEASURING	B
	417201	MAJOR MED	B
	417451	WHEEL CHAIR	B
	417452	CUSHION	B
	417455	SHOE/BRACE	B
418		AMPUTATION CLINIC	S
419		ANESTHESIA PRE-operation (OP) and/or POST-OP CONSULTATION	S
420		PAIN CLINIC	S
421		VASCULAR LABORATORY	S
422		CAST CLINIC	B
423		PROSTHETIC SUPPLY DISPENSED	NON
	423461	Computer Aided Design (CAD) Computer Aided Modeling (CAM) UNIT	NON

424		TELEPHONE/SURGERY	NON
425		TELEPHONE/PROSTHETICS/ORTHOTICS	NON
426		WOMEN'S SURGERY	S
428		TELEPHONE/OPTOMETRY	NON
429		OUTPATIENT CARE IN THE OPERATING ROOM	S
430		CYSTO ROOM UNIT FOR OUTPATIENT	S
431		CHEMOTHERAPY PROCEDURES UNIT-SURGERY	S
432		PRE-BED CARE MD (SURGICAL SERVICE)	S
433		PRE-BED CARE RN (SURGERY)	B
435		SURGICAL PROCEDURE UNIT	S
436		CHIROPRACTIC CARE IN MEDICAL CENTER	B
	449	FITTINGS & ADJUSTMENTS	NON
	450	Compensation and Pension (C&P) EXAM	NON
	451	LOCALLY DEFINED CREDIT PAIR	NON
	452	LOCALLY DEFINED CREDIT PAIR	NON
	453	LOCALLY DEFINED CREDIT PAIR	NON
	454	LOCALLY DEFINED CREDIT PAIR	NON
	455	LOCALLY DEFINED CREDIT PAIR	NON
	456	LOCALLY DEFINED CREDIT PAIR	NON
	457	TRANSPLANT	S
	458	LOCALLY DEFINED CREDIT PAIR	NON
	459	LOCALLY DEFINED CREDIT PAIR	NON
	460	LOCALLY DEFINED CREDIT PAIR	NON
	461	LOCALLY DEFINED CREDIT PAIR	NON
	462	LOCALLY DEFINED CREDIT PAIR	NON
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	469	LOCALLY DEFINED CREDIT PAIR	NON
	470	LOCALLY DEFINED CREDIT PAIR	NON
	471	LOCALLY DEFINED CREDIT PAIR	NON
	472	LOCALLY DEFINED CREDIT PAIR	NON
	473	LOCALLY DEFINED CREDIT PAIR	NON
	474	RESEARCH	NON
	475	LOCALLY DEFINED CREDIT PAIR	NON
	476	LOCALLY DEFINED CREDIT PAIR	NON
	477	LOCALLY DEFINED CREDIT PAIR	NON
	478	LOCALLY DEFINED CREDIT PAIR	NON

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	479	LOCALLY DEFINED CREDIT PAIR	NON
	480	COMPREHENSIVE FUNDOSCOPY EXAM	S
	481	BRONCHOSCOPY	S
	429481	If Outpatient Bronchoscopy is done by Surgery in the OR	S
	312481	If Outpatient Bronchoscopy is done in the Pulmonary Area	S
	327481	If Outpatient Bronchoscopy is done by Medicine in the OR	S
	329481	If Outpatient Bronchoscopy is done in the Medical Procedure Unit	S
	435481	If Outpatient Bronchoscopy is done in "Lumps and Bumps" Surgery Procedure Unit	S
	482	LOCALLY DEFINED CREDIT PAIR	NON
	483	LOCALLY DEFINED CREDIT PAIR	NON
	484	LOCALLY DEFINED CREDIT PAIR	NON
	485	LOCALLY DEFINED CREDIT PAIR	NON
502		MENTAL HEALTH CLINIC INDIVIDUAL	B
503		MENTAL HEALTH RESIDENTIAL CARE INDIVIDUAL	B
505		DAY TREATMENT - INDIVIDUAL	B
506		DAY HOSPITAL - INDIVIDUAL	B
509		PSYCHIATRY MD - INDIVIDUAL	B
510		PSYCHOLOGY (PSO) - INDIVIDUAL	B
	510474	PSYCHOLOGY RESEARCH	NON
512		MENTAL HEALTH CONSULTATION	B
513		SUBSTANCE ABUSE – INDIVIDUAL	B
	513461	INDIVIDUAL SUBSTANCE ABUSE: ALCOHOL DEPENDENCE	B
	513469	INDIVIDUAL SUBSTANCE ABUSE: DRUG DEPENDENCE	B
514		SUBSTANCE ABUSE - HOME VISIT	B
516		Post Traumatic Stress Disorder (PTSD) – GROUP	B
	516726	PTSD DOM-AFTERCARE GROUP	B
519		SUBSTANCE USE DISORDER/PTSD TEAMS	B
522		Department of Housing and Urban Development (HUD)-VA Shared Housing (VASH)	NON
523		OPIOID SUBSTITUTION	NON
524		ACTIVE DUTY SEX TRAUMA	NON
525		WOMEN'S STRESS DISORDER TREATMENT TEAMS	NON
527		MENTAL HEALTH TELEPHONE (Primary Only)	NON
	527564	TELEPHONE MH TEAM CASE	NON

		MANAGEMENT	
528		TELEPHONE/HOMELESS MENTALLY ILL (HMI)	NON
529		Health Care for Homeless Veterans (HCHV)/HMI	NON
530		TELEPHONE/HUD-VASH	NON
531		MENTAL HEALTH PRIMARY CARE TEAM-INDIVIDUAL	B
532		PSYCHOSOCIAL REHABILITATION-INDIVIDUAL	B
	532713	GAMBLING ADDICTION IND	B
533		MH INTERVENTION BIOMEDICAL CARE INDIVIDUAL	B
	533707	SMOKING CESSATION IND	B
535		MH VOCATIONAL ASSISTANCE - INDIVIDUAL	NON
536		TELEPHONE/MH VOCATIONAL ASSISTANCE	NON
537		TELEPHONE/PSYCHOSOCIAL REHABILITATION	NON
538		PSYCHOLOGICAL TESTING	S
540		PTSD CLINICAL TEAM (PCT) POST-TRAUMATIC STRESS-INDIVIDUAL	
542		TELEPHONE/PTSD	NON
545		TELEPHONE/SUBSTANCE ABUSE	NON
	545461	TELEPHONE/SUBSTANCE ABUSE-ALCOHOL DEPENDENCE	NON
	545469	TELEPHONE SUBSTANCE ABUSE-DRUG DEPENDENCE	NON
546		TELEPHONE/MHICM	NON
547		INTENSIVE SUBSTANCE ABUSE TREATMENT	B
	547461	INTENSIVE SUBSTANCE ABUSE TREATMENT - ALCOHOL DEPENDENCE	B
	547469	INTENSIVE SUBSTANCE ABUSE TREATMENT - DRUG DEPENDENCE	B
550		MENTAL HEALTH CLINIC (GROUP)	B
552		MENTAL HEALTH INTENSIVE CASE MANAGEMENT (MHICM)	B
553		DAY TREATMENT – GROUP	B
554		DAY HOSPITAL-GROUP	B
557		PSYCHIATRY - GROUP	B
558		PSYCHOLOGY – GROUP	B

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559		PSYCHOSOCIAL REHABILITATION - GROUP	B
	559713	GAMBLING ADDICTION GRP	B
560		SUBSTANCE ABUSE - GROUP	B
	560461	GROUP SUBSTANCE ABUSE: ALCOHOL DEPENDENCE	B
	560469	GROUP SUBSTANCE ABUSE: DRUG DEPENDENCE	B
561		PCT-POST TRAUMATIC STRESS GROUP	B
562		PTSD – INDIVIDUAL	B
563		MENTAL HEALTH PRIMARY CARE TEAM – GROUP	B
564		MH TEAM CASE MANAGEMENT	B
565		MH MEDICAL CARE ONLY - GROUP	B
566		MH RISK-FACTOR-REDUCTION ED GROUP	B
	566707	SMOKING CESSATION GRP	B
567		MH INTENSIVE CASE MANAGEMENT (MHICM) GROUP	B
568		MENTAL HEALTH COMPENSATED WORK THERAPY/SUPPORTED EMPLOYMENT(CWT/SE) FACE-TO-FACE	NON
569		MENTAL HEALTH COMPENSATED WORK THERAPY/SUPPORTED EMPLOYMENT (CWT/SE) NON FACE-TO- FACE CBO(MAS) NON-COUNT	NON
570		MENTAL HEALTH COMPENSATED WORK THERAPY/TRANSITIONAL WORK EXPERIENCE (CWT/TWE) NON FACE-TO-FACE CBO(MAS) NON-COUNT	NON
573		MH INCENTIVE THERAPY – GROUP - FACE-TO-FACE	NON
574		MENTAL HEALTH COMPENSATED WORK THERAPY/TRANSITIONAL WORK EXPERIENCE (CWT/TWE) FACE-TO-FACE	NON
575		MH VOCATIONAL ASSISTANCE	NON
576		PSYCHOGERIATRIC CLINIC, INDIVIDUAL	B
577		PSYCHOGERIATRIC CLINIC, GROUP	B
578		PSYCHOGERIATRIC DAY PROGRAM	B
579		TELEPHONE/ PSYCHOGERIATRICS	NON
580		PTSD DAY HOSPITAL	B
581		PTSD DAY TREATMENT	B
589		NON-ACTIVE DUTY SEX TRAUMA	NON
590		COMMUNITY OUTREACH HOMELESS VETS BY STAFF OTHER THAN HCHV AND Domiciliary Care for Homeless Veterans	NON

		(DCHV) PROGRAMS	
602		CHRONIC ASSISTED HEMODIALYSIS TREATMENT HEMODIALYSIS TREATMENT	B
603		LIMITED SELF CARE HEMODIALYSIS TREATMENT	B
604		HOME/SELF HEMODIALYSIS TRAINING TREATMENT	B
606		CHRONIC ASSISTED PERITONEAL DIALYSIS	B
607		LIMITED SELF CARE PERITONEAL DIALYSIS	B
608		HOME/SELF PERITONEAL DIALYSIS TRAINING	B
610		CONTRACT DIALYSIS	S
611		TELEPHONE/DIALYSIS	NON
640		SEND-OUT PROCEDURES NOT FEE	NON
641		SEND-OUT PROCEDURES DOD NOT PAID BY FEE	NON
642		SEND-OUT PROCEDURES FEE	NON
643		SEND-OUT PROCEDURES RADIOLOGY	NON
650		CONTRACT NURSING HOME DAYS	NON
651		STATE NURSING HOME DAYS	NON
652		STATE DOMICILIARY HOME DAYS	NON
653		STATE HOSPITAL CARE	NON
654		NON-VA RESIDENTIAL CARE DAYS	NON
655		COMMUNITY NON-VA CARE	NON
656		DOD NON-VA CARE (<i>Primary Only</i>)	NON
657		ASSISTED LIVING VENDOR WORK (V20 pilot only) (Not CBO(MAS) count)	NON
658		STATE HOME ADULT DAY HEALTH CARE	NON
660		CHIROPRACTIC CARE OUTSIDE VA	NON
670		ASSISTED LIVING VHA PAID, STAFF (V20 pilot only)	NON
674		ADMINISTRATIVE PATIENT ACTIVITIES (NON-COUNT CBO(MAS))	NON
	674685	HOME HEALTH TELEHEALTH TECHNOLOGY/ORIENTATION (NON- COUNT CBO(MAS))	NON
680		HOME/COMMUNITY HEALTHCARE ASSESSMENT	NON
681		VA-PAID HOME/COMMUNITY CARE PROVIDERS	NON
682		VA-REFERRALS TO HOME/COMMUNITY	NON

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		CARE PROVIDERS	
683		NON-VIDEO MONITORING ONLY	NON
	684	HOME TELEHEALTH NONVIDEO INTERVENTION (<i>Secondary Only</i>)	NON
685		CARE OF CCS PROGRAM PATIENTS	NON
686		CCS TELEPHONE (ETC.) CARE	NON
	690	TELEMEDICINE NOTE: <i>Use as credit pair only.</i>	NON
	691	PRE-EMPLOYMENT PHYSICAL MILITARY PERSONNEL	NON
	692	TELEMED CONSULT SAME STATION	NON
	693	TELEMED CONSULT NOT SAME STATION	NON
	701 through 717	*USE AS CREDIT PAIRS ONLY	
	701	BLOOD PRESSURE CHECK	NON
703		MAMMOGRAM	NON
	704	PAP TEST .	NON
	706	ALCOHOL SCREENING	NON
	707	SMOKING CESSATION	B
	710	INFLUENZA IMMUNIZATION	NON
	712	HEPATITIS C REGISTRY	NON
	713	GAMBLING ADDICTION	B
	714	OTHER EDUCATION	B
	715	ONGOING TREATMENT (Non-MH)	B
	716	POST SURG ROUTINE AFTERCARE	B
	717	PPD	NON
725		DOMICILIARY OUTREACH SERVICES	NON
726		DOMICILIARY AFTERCARE – COMMUNITY	NON
727		DOMICILIARY AFTERCARE – VA	NON
728		DOMICILIARY ADMISSION SCREENING SERVICES	B
729		TELEPHONE/DOMICILIARY	NON
730		DOMICILIARY – GENERAL CARE (Event Capture System (ECS)) USE ONLY)	NON
731		Psychiatric Rehabilitation Residential Treatment Program (PRRTP) – GENERAL CARE (ECS USE ONLY)	NON
999		EMPLOYEE HEALTH	NON
	999510	PSO-Employee Assistance Program (EAP) – NOTE: <i>Optional.</i>	NON